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CERTIFICATE OF ELECTRONIC FILING

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7590

05/29/2008

HICKMAN PALERMO TRUONG & BECKER LLP
2055 GATEWAY PLACE
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SAN JOSE, CA 95110

I hereby certify that this Fee(s) Transmittal is being filed Via Electronically
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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/719,003	11/21/2003	Jean Philippe Vasseur	50325-0843	9075

TITLE OF INVENTION: Method and Apparatus for Determining Network Routing Information Based on Shared Risk Link Group Information

TOTAL CLAIMS	APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
20	nonprovisional	NO	\$1440	\$300	\$1740	8/25/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS
Jean Philippe Vasseur	2616	370-238000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

☐ Change of Correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agents) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Hickman Palermo Truong & Becker LLP

2 _____

3 _____

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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE**(B) RESIDENCE: (CITY and STATE OR COUNTRY)****Cisco Technology, Inc.****San Jose, California**

Please check the appropriate assignee category or categories (will not be printed on the patent)

☐ individual☒ corporation or other private group entity☐ government**4a. The following fees are enclosed:**☒ Issue fee☒ Publication Fee☐ Advance Order - # of Copies _____**4b. Payment of Fee(s):**☐ A check in the amount of the fees is enclosed.☒ The Commissioner is authorized to charge the required fees to Deposit Acct.. 50-1302☐ The Commissioner is authorized to charge deficiencies / credit overpayments to Deposit Acct.. _____

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(Authorized Signature) /Adam C. Stone#60531/(Date) August 18, 2008**Adam C. Stone**

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